

OFFICIAL WORK WEEK/WORK SCHEDULE REPORT

Department/Division/Section: _____

The compensation ordinance requires that operating agencies have an approved work schedule on file in the Department of Personnel for all employees. Please use this form to report all work schedules and changes. Further instructions on the back of this form.

Job Classification	Employee Name(s) or Identified Group	Official Work Week	Scheduled Work Days	Work Hours & Meal Period	Does Work Schedule vary? If so, under what conditions?

Comments or Additional Information/Explanation:

Date Change Is To Be Effective, If Approved: _____

Contact Person In Case of Questions: _____ Phone Number: _____

Signature of Appointing Authority: _____